

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

IN RE:

DONNATA EVAN FORD

DEBTOR

§  
§  
§  
§  
§

CASE NO. 24-30222-H3-13

**Statement Concerning Payment Advices  
Pursuant to 11 U.S.C. § 521(a)(1)(B)(iv)**

STATE OF TEXAS           )  
COUNTY OF HARRIS       )

BEFORE ME, the undersigned authority, on this day personally appeared DONNATA EVAN FORD who, first being duly sworn according to law, upon his/her oath made the following statements of fact in connection with Bankruptcy Case, entitled In Re: Donnata Evan Ford, Case Number 24-30222-H3-13:

"My name is Donnata Ford. My social security number is xxx-xx-6763 . I am over eighteen (18) years of age. I am of sound mind, and I am fully competent to make this affidavit. I have personal knowledge of the facts stated herein, and they are true and correct."

"I have not received any payment advices from any employer during the 60-days prior to the filing of this bankruptcy case because:

  X   I have been receiving Social Security

Therefore, I do not have any pay-stubs or other payment advices with which to file with the court for the 60-day time period prior to the filing this bankruptcy case."

"I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information and belief.

"Further Affiant sayeth not"

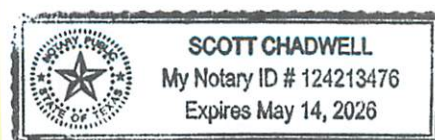


DONNATA EVAN FORD

SUBSCRIBED AND SWORN TO BEFORE ME on this the 6 day of Feb 2024, to certify which witness my hand and seal.

My Commission Expires:

  
Notary Public in and for The State of Texas





appropriate line of their tax returns.

**Free File Program.** Go to [www.irs.gov/FreeFile](http://www.irs.gov/FreeFile) to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>Texas Workforce Commission</b> <b>101 E. 15th St</b> <b>Austin, TX 78778-0001</b> <b>512-463-1671</b>		OMB No. 1545-0116 Form <b>1099-NEC</b> (Rev. January 2024) For calendar year <b>2023</b>		<b>Nonemployee Compensation</b>
PAYER'S TIN <b>742764775</b>	RECIPIENT'S TIN <b>XXXXX6763</b>	1 Nonemployee compensation \$ <b>16009.75</b>		
RECIPIENT'S name <b>DONNATA EVAN FORD</b> Street address (including apt. no.) <b>12034 BALLARDVALE LN</b> City or town, state or province, country, and ZIP or foreign postal code <b>HOUSTON, TX 77067-3945</b>		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
		3		
		4 Federal income tax withheld \$		
Account number (see instructions) <b>1157</b>		5 State tax withheld \$	6 State/Payer's state no. \$	7 State income \$

**Copy B****For Recipient**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099- NEC** (Rev. 1-2024) (Keep for your records.)[www.irs.gov/Form1099MISC](http://www.irs.gov/Form1099MISC)

Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>Texas Workforce Commission</b> <b>101 E. 15th St</b> <b>Austin, TX 78778-0001</b> <b>512-463-1671</b>		OMB No. 1545-0116 Form <b>1099-NEC</b> (Rev. January 2024) For calendar year		<b>Nonemployee Compensation</b>
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		3		
		4 Federal income tax withheld		

**Copy 2**

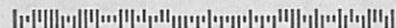
To be filed with recipient's state income tax return, when required.



SOCIAL SECURITY  
16200 DILLARD DR  
HOUSTON TX 77040

Social Security Administration  
**Supplemental Security Income**  
Notice of Change in Payment

Date: November 26, 2023  
BNC#: 23S1120A66489 DC



0084126 00084126 1 AV 0.498 CN6LNA T340 P0  
COLA MO4 11/19 855 23S1120A66489  
DMAURIA NSHAY ANDERSON  
14626 LOFTY CEDAR DR  
HOUSTON TX 77068-1462

202311260527 CN6LNA 0004126 000000000

We plan to increase your monthly Supplemental Security Income (SSI) payment from \$914.00 to \$943.00 beginning January 2024. The amount will change because of a rise in the cost of living. You will continue to get the new amount each month unless there is a change in the information we use to figure your payment.

The rest of this letter explains more about your SSI payments. It also tells you how to find affordable health care.

We explain how we figured the monthly payment amount on the worksheet at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. We include explanations only for months where payment amounts change.

**When You Will Receive Your Payments**

Your representative payee will receive your monthly payment of \$943.00 around January 1, 2024, and on the first of each month after that.

**Your Reporting Responsibilities**

Your SSI payments may change if your situation changes. You are required to report any changes that may affect your SSI no later than 10 days after the month the change takes place.

Please call 1-800-772-1213 (TTY 1-800-325-0778) or contact your local Social Security office to report any of the following changes:

- You start or stop work, or your wages increase or decrease
- Your bank account balance goes over \$2,000.00

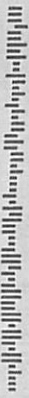
See Next Page

SSA-18151

SOCIAL SECURITY  
16200 DILLARD DR  
HOUSTON TX 77040

## Social Security Administration Supplemental Security Income

Date: November 26, 2023  
BNC#: 23S1286C13201 DC



0078941 00078941 1 AB 0.557 CYNLNA 7295 P8  
COLA MO4 11/19 855 23S1286C13201  
DONNATA EVAN FORD  
FOR BAILEY EVAN ALBROW YOUNG  
14626 LOFTY CEDAR DR  
HOUSTON TX 77068-1462

We plan to increase BAILEY E. ALBROW YOUNG's monthly Supplemental Security Income (SSI) payment from \$699.82 to \$728.82 beginning January 2024. The amount will change because of a rise in the cost of living. She will continue to get the new amount each month unless there is a change in the information we use to figure her payment.

The rest of this letter explains more about BAILEY E. ALBROW YOUNG's SSI payments. It also tells you how to find affordable health care.

We explain how we figured the monthly payment amount on the worksheet(s) at the end of this letter. The explanation shows how her income, other than any SSI payments, affects her SSI payment. Her other income may include a portion of her parent's income. We include explanations only for months where payment amounts change.

### When You Will Receive Her Payments

Your bank or other financial institution will receive her monthly payment of \$634.52 around January 1, 2024, and on the first of each month after that.

### Information About BAILEY E. ALBROW YOUNG's SSI Payments

- As we told her before, we are withholding part of her payment to get back money she was overpaid. Starting January 2024, we will raise the amount withheld from her payment from \$91.40 to \$94.30. Therefore, you will receive a payment for her for \$634.52 instead of \$728.82. After January 2024 there will be \$2,536.30 left on her overpayment.

See Next Page

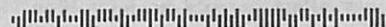
SSA-18151



SOCIAL SECURITY  
16200 DILLARD DR  
HOUSTON TX 77040

Social Security Administration  
**Supplemental Security Income**  
Notice of Change in Payment

Date: November 26, 2023  
BNC#: 23S1373H86111 DC



0086068 0006068 1 AV 0.498 CN6LNA T346 P9



COLA MO4 11/19 855 23S1373H86111

DONNATA EVAN FORD  
FOR CHERISH DENISE ALBROW  
14626 LOFTY CEDAR DR  
HOUSTON TX 77068-1462

1611571000148 CN6LNA 008606 000000000

We plan to increase CHERISH D. ALBROW's monthly Supplemental Security Income (SSI) payment from \$699.82 to \$728.82 beginning January 2024. The amount will change because of a rise in the cost of living. She will continue to get the new amount each month unless there is a change in the information we use to figure her payment.

The rest of this letter explains more about CHERISH D. ALBROW's SSI payments. It also tells you how to find affordable health care.

We explain how we figured the monthly payment amount on the worksheet(s) at the end of this letter. The explanation shows how her income, other than any SSI payments, affects her SSI payment. Her other income may include a portion of her parent's income. We include explanations only for months where payment amounts change.

**When You Will Receive Her Payments**

Your bank or other financial institution will receive her monthly payment of \$634.52 around January 1, 2024, and on the first of each month after that.

**Information About CHERISH D. ALBROW's SSI Payments**

- As we told her before, we are withholding part of her payment to get back money she was overpaid. Starting January 2024, we will raise the amount withheld from her payment from \$91.40 to \$94.30. Therefore, you will receive a payment for her for \$634.52 instead of \$728.82. After January 2024 there will be \$2,536.30 left on her overpayment.

See Next Page

SSA 1.8151

## Your New Benefit Amount

BENEFICIARY'S NAME: DONNATA E FORD

Your Social Security benefit will increase by 3.2% in 2024 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

### How Much You Will Get

Your monthly benefit before deductions

\$994.00

### Deductions:

Medicare Medical Insurance (If you did not have Medicare as of November 16, 2023 or if someone else pays your premium, we show \$0.00)

-\$0.00

Medicare Prescription Drug Plan (We will notify you if the amount changes in 2024. If you did not elect withholding as of November 1, 2023, we show \$0.00)

-\$0.00

U.S. Federal tax withholding

-\$0.00

Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 16, 2023, we show \$0.00)

-\$0.00

After we take any other deductions, you will receive the payment you are due for December 2023 on or about January 3, 2024.

**\$984.00**

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

If you still get a paper check, you must visit the Department of the Treasury's website at [www.godirect.gov](https://www.godirect.gov) to request electronic payments.

If you disagree with any of these amounts, you must file an appeal with us in writing within 60 days from the date you get this letter. We will assume you got this letter 5 days after the date of the letter, unless you show us that you did not get it within the 5-day period. You must have good reason for waiting more than 60 days to file an appeal. You can go to [www.ssa.gov/non-medicalappeal](https://www.ssa.gov/non-medicalappeal) to complete and submit the "Request for Reconsideration" form, SSA-561-U2 online. You may also contact us by phone to request the form or go to our website at [www.ssa.gov/forms](https://www.ssa.gov/forms) to locate the form. If you need help with the form, please call us.

### Need more help?

1. Visit [www.ssa.gov](https://www.ssa.gov) for fast, simple, and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.
3. You may also call your local office at 866-331-3277.

SOCIAL SECURITY  
16200 DILLARD DR  
HOUSTON, TX 77040



TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Date 1/22/24

453-49-6763

RE: Adoption Assistance

To Whom It May Concern:

This letter is verification that Mr. Donnie Ford receives Title IV-E Adoption Assistance which includes Medicaid for the following child(ren):

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Amount</u>	<u>Start/End Date</u>
Bobby Abrow	05/27/2015	\$545.00	11/01/2016 / 05/31/2033
Christish Abrow	06/29/2011	\$400.00	09/01/2015 / 06/30/2029
Robert Abrow	08/05/2008	\$545.00	09/01/2015 / 08/31/2026
Imani Abrow	10/15/2002	\$545.00	09/01/2015 / 10/31/2020
Essence Abrow	06/27/2013	\$400.00	09/01/2015 / 06/30/2031

This is a Federal and State funded program to assist adoptive parents.

If you have any questions or concerns regarding the Adoption Assistance Program please contact me at (713) 394-4110.

Respectfully,

James Perry  
Adoption Assistance Specialist  
2525 Northwest Dr.  
Houston, Texas 77024  
MPO 3432

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